DOCUMENT RESUME

ED 030 162 24 CG 004 203

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Some Research Rationale Notations for Parent-Child Services.

Northwest Regional Educational Lab., Portland, Oreg.
Spons Agency-Office of Education (DHEW), Washington, D.C. Bureau of Research.
Bureau No-BR-6-2871
Pub Date 3 Nov 67
Contract-OEC-4-7-062871-3059
Note-30p.; Paper was presented at the Health Services Subcommittee meeting of the Parent-Child Center, Portland, Oregon, November 3, 1967
EDRS Price MF-$0.25 HC-$1.60
Descriptors-Behavior Problems, *Culturally Disadvantaged, Disadvantaged Youth, *Educationally Disadvantaged, *Ghettos, Goal Orientation, *Learning Readiness, Lower Class Parents, Psychological Needs, Racial Discrimination, *Reactive Behavior

This paper presents research into the characteristics of low-income families in the Portland, Oregon area. The contention is made that the learning behavior of children from these families is affected by their pre-school and early school experiences, which may be unsatisfactory in preparing them to learn. Three types of aberrations may affect their learning: (1) those of a sociopsychological origin, (2) those resulting from peripheral nervous system impairment, and (3) those caused by central nervous system disorders. Models are presented of sociopsychological development, along with schematic representations of interactional behavior. Techniques are suggested for alleviating poor reactional behavior, including drugs and their effects, and the training of parents. The latter is supported as having positive effect on inter-personal and intrapersonal behaviors which affect learning. Discontinuities are presented between those in the community responsible for ghetto conditions and their attitudes toward these responsibilities. Statistics on unemployment, school expenditures per pupil, education, income, occupations, and economic priorities of white vs. non-white populations are reported. (AE)

ED030162

BR-6-2811
PA-24
OE-BR

Some Research Rationale Notations for Parent-Child Services

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Field Paper No. 10
1967

The substance of this paper was reported at the Health Services Subcommittee meeting of the Parent-Child Center on November 3, 1967. Preparation of this paper was performed pursuant to Contract No. OEC-4-7-062871-3059 with the U. S. Office of Education, Department of Health, Education, and Welfare under the provisions of the Laboratory program, Bureau of Research.

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CG 004203

Some Research Rationale Notations for Parent-Child Services

Many of the low-income families, living in conditions which provide little for the child's medical, psychiatric, dental and educational health have behaviors that really could be capitalized upon. These children tend to operate best in small groups where interpersonal interaction is personal and face-to-face with people who are known. They are uncomfortable in formal interaction situations especially when there are recognizable status differences among the people in the situation. Fear and antagonistic reactions toward authority in formal situations are part of the behavior pattern we might expect from the children we are discussing. Closely related to this trait is a distrust of well-educated people. More than likely, the picture presented by these people is one of ambivalence toward education unless it is immediately practical. Professor Simpkins' discourse, preceding, is an excellent nonjargon summation of much of the pedagogical literature that is appearing lately. The sociological view Simpkins (1967) presented hits at the crucial issue of multiple and related traits of the child in question. The children we are discussing do carry this distrust to anyone in a position of authority (social worker, teacher, policemen, etc.).

Too often our problem of working with such a group of children is the problem of description via a label. An anthropologist, sociologist, psychologist and a local citizen would each label the same group in a variety of ways. The particular description used, however, is our entry point into the problem. If we label it as a problem of economically deprived children, we may react with a medical or economic frame of

reference. If we label it deviant behavior we might react with psychological or sociological referents.

The connotations of our descriptor terms then are of vital importance. Indeed, our labels may be prescriptive rather than descriptive.

We must classify the problem and not the child. For example, measles-age 7, chicken pox-age 9, polio-age 11, rather than saying the same child is always ill with the same diagnosed disease. But in social ills, we say the child is "disadvantaged...."slow learner...."dull...."uncooperative" and the child is tagged. Also, Brazier (1967, p. 40) suggests that present knowledge about a subject imposes on the researcher from that subject or discipline area a bias by implying what we should seek. For example, Locke's model of the tabula rasa, would ask us to look for a storage mechanism in the brain which accepts the new knowledge. Brazier continues with her excellent insight about this type of problem of researchers, by noting that Locke was not purely an empiricist but a strong religious believer (Brazier, 1967, p. 42). Locke did believe we were unable to test religious tenets because of their assertions of truth in the gospels.

This is a sample of a concept of faulty inquiry due to the present state of knowledge. The parallel between suggesting children are deficient, ergo we must pour the background in, really smacks the 17th century view passed to us via Locke's model.

Condillac was more exacting and had the benefit of a century of time on his side. However, he too was of the church. Have not our current groups of examiners of the disadvantaged been from the modern "belief" movement--the social scientific field?

We need new approaches. It is essential we have a feel for some of the prior knowledge that has been accumulated as well as some "models" against which to test our actions. The eight findings below are central to our efforts (Frost and Hawks).

1. Major concern: Numerous cultural disadvantages affect intellectual growth and impose serious social consequences.
2. Role expectancies create bias in adults who work with disadvantaged youth--self-fulfilling prophecy.
3. Early enrichment programs positively affect achievement.
4. Preschool childrearing practices affect behavior.
5. Early sensory stimulation appears essential for adequate programing of the brain.
6. Lack of early environmental stimulation results in retardation of cognitive, locomotor and social development.
7. Children move through an invariant sequence of development at a highly variant rate.
8. Well-trained teachers, adequate services and special programs can make a difference in the child's life.

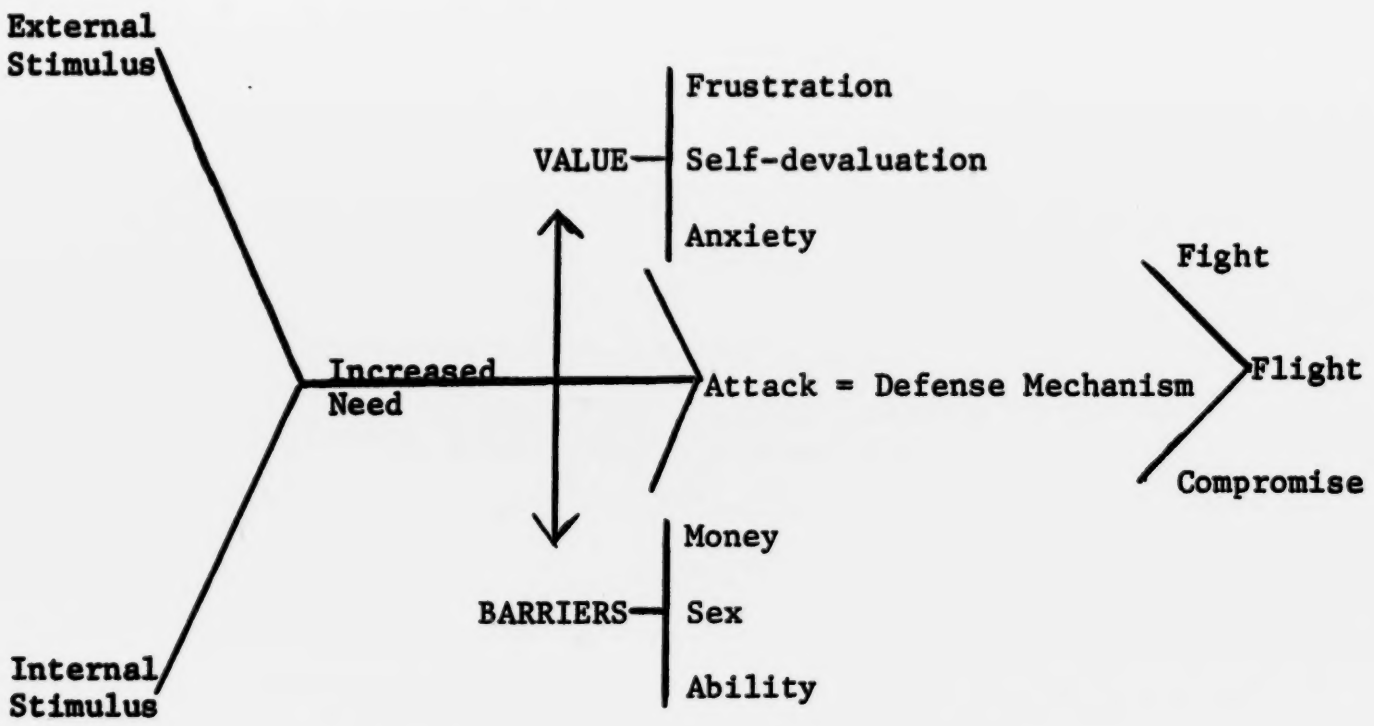
The study of learning entails all aspects of man's behavior, both normal and abnormal. Our problem is to adequately supply behavior changes regardless of the normality of the child. A good parent-child consultative team might consist of educators, psychologists, psychiatrists, audiologists, speech pathologists, language pathologists and ophthalmologists.

A number of consultative personnel should be available because different types of aberrations may be causative when learning is impeded. These aberrations can be viewed as being of three principal types: (1) those

distinctly sociopsychological in origin, (2) those resulting from impairments of the peripheral nervous system, and (3) those resulting from disorders of the central nervous system. Many people argue we need not know about areas out of our direct control. . .but we do have to teach these children. The situation is a physical being in a social setting acting in a psychological fashion.

Three principal types of model explorations are presented for your consideration.

Model 1(A)



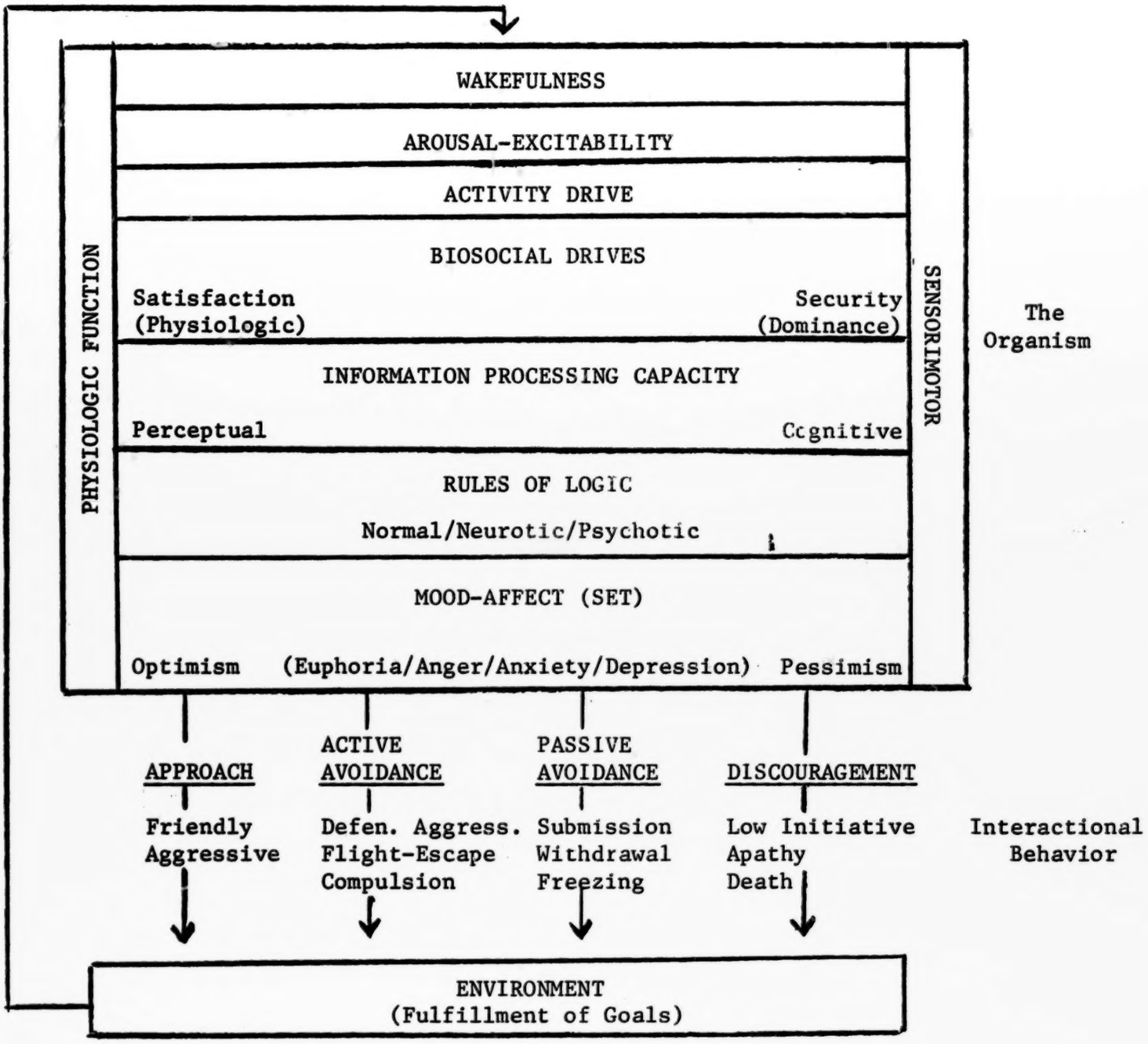
Here we find all of the normal external pressures such as role expectancies in home, church, family and broader society, as well as selective stimuli because of race, color, money, area of residence, etc. Internal pressures are those that accrue to us because of our rejection or acceptance of the external stimuli. Let us trace several instances through this model. We find news media pounding away at college education (i.e., "you need one," "earn more," "don't be a dropout," etc.) so our child believes the message.

He internalizes it. The media then tell him you can get money for this education....Have you tried recently? Now our young child, especially if he is a Negro, gets ready for college externally but internally he says, "I can't take myself out of the wage and earnings game for four years....But I can think better than my counterpart just ten years ago." Friends, this model says those who believe our system will eventually demand services or create problems, depending on your point of view.

So we have barriers, real and imagined. Money, in the first case, was real; sex has become many times an imagined barrier; and ability is a myth area. In this area, open conflict occurs because we build positive expectancies externally until the internal self feels it is a certainty . . .conflicts and barriers. The value schema you imply is one that blocks or aids in resolution of problems (when need does not exceed barrier resistance).

Model A_1 (Irwin, 1967)

SCHEMA OF PATIENT ASSESSMENT



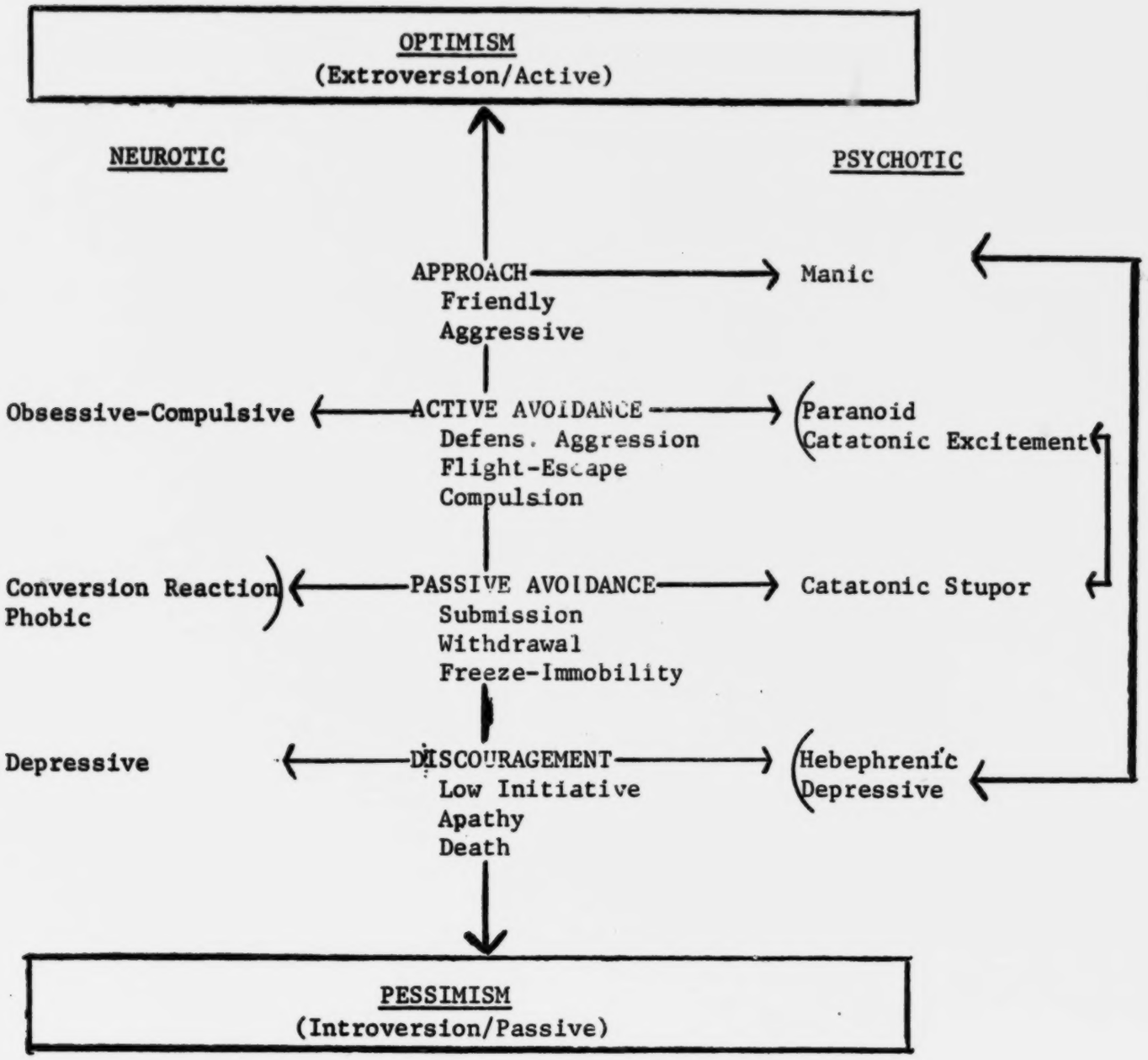
In reference to Model A_1, it is crucial to keep in mind that wakefulness, arousal-excitability and activity drive are techniques that are acceptable until the individual goes beyond those that you or I would recognize as normal. However, I would like to suggest to you that if they develop acceptable behaviors in any of those three states just mentioned, you or

I do great damage to them by changing that pattern of behavior. To be specific, if the child whom we are discussing moves more toward the right hand side of Model A_1 his behaviors are stressed as sensorimotor behaviors and are often misunderstood by the psychologist, teacher and other helping professionals. The Biosocial Drive level permits us on one hand to describe the patient's satisfaction level at a purely functional physiological needs level in a social setting. Perhaps the resultant behavior is much like that of a "hippie." Look to the right of Model A_1 in the Biosocial Drives area and you have a Security (Dominance) level recognized and often the one that is suggested informally or formally through the therapeutic session to be of greater "value." If we move to our next level in this model, we will find that under Information Processing Capacity we talk specifically to the point of the individual's capacity to react to stimulus in the environment. More will be said about this under the Communicative Model 2(C). The Rules of Logic level tells us that the normal/psychotic continuum depends much on the setting in which it occurs. A person playing with a group of children may appear psychotic, however, it is very normal if you understood the total interaction that is working between that adult and those children. Another factor of concern under Rules of Logic is the frequency of occurence that may be observed by independent assessors. That is, if three people see the same behavior in several different settings and they see that same behavior occurring quite often they would assume the diagnosis is more accurate. Another indication here of accuracy of assessment is when shifts occur too quickly and too often across the continuum of normal to psychotic behaviors. Attitude and emotional tone of the individual point more to Mood-Affect portions of this schema. The interactional behaviors are those that we

can see in our Parent-Child project much more readily than those preceding. Indeed, we may see them in the adult group servicing those needs of the target group children. Under the title of Approach (Interactional Behavior Level), friendly and aggressive behaviors would be those of people who reach out for the environment. High level organizational activity could be a form of Active Avoidance. Perhaps some of our people in this project would fit in this category. The desire to be committee heads and so forth could be considered defensive aggressive in that the person is trying to avoid punishment by doing the properly acceptable thing. It might be suggested that Passive Avoidance and Discouragement are the kinds of behavior we might most often see. Model A_2 is a more elaborate development of Interactional Behavior level of Model A_1.

Model A_2 (Irwin, 1967)

SCHEMA OF INTERACTIONAL BEHAVIOR



Development of specific "models" such as A_2 for each of the levels in A_1 would also facilitate discussion between groups involved in the Parent-Child project.

The recognized focus of the efforts in Figure 1(B) points to adjustment techniques and suggests roles for child care, day care or educational agency personnel to alleviate the conflict or, in some instances, to create it. The focus of B_1 points to alleviations that might result if a medical member of the team prescribes drug aids.

Figure 1(B) (Irwin, 1967)

ALLEVIATING TECHNIQUES FOR WORKERS WITH YOUTH GROUPS

ADJUSTMENT TECHNIQUES USED BY PEOPLE	HOW IT LOOKS	YOUR ROLE
Fight	Increased Effort	Provide Materials
	Compensation	or Alternative Situations
Compromise	Rationalization	Dramatization
	Attention Getting	Gaming
	Identification	Role Playing
	Projection	Free Play
Flight	Repression	Provide Free Time
	Regression	
	Fantasy	
	Withdrawal	Seek Professional Help

Model B_1

MAJOR EFFECTS OF THERAPEUTIC RELEVANCE

MAJOR TRANQUILIZERS
(Chlorpromazine-like)

Greatly reduce:
1. Arousal-Excitability
2. Activity Drive
3. Responses to Stimuli
4. Active Avoidance-Escape
5. Fighting Behavior

ANTIDEPRESSANTS
(Imipramine-like)

Slightly reduce:
1. Arousal-Excitability
2. Discouragement Apathy

Slightly increase:
3. Responses to Stimuli
4. Struggle-Escape
5. Defensive Fighting

NARCOTICS
(Morphine-like)

Greatly reduce:
1. Arousal-Excitability
2. Activity Drive
3. Biosocial Drives
4. Responses to Stimuli (Pain)
5. Active Avoidance-Escape
6. Fighting Behavior
7. Discouragement Apathy

PSYCHOMOTOR STIMULANTS
(Amphetamine-like)

Greatly increase:
1. Arousal-Excitability
2. Wakefulness
3. Activity Drive
4. Responses to Stimuli
5. Active Avoidance-Escape
6. Fighting Behavior
7. Inhibitory Control

MINOR TRANQUILIZERS
(Chlordiazepoxide-like)

Slightly reduce:
1. Arousal-Excitability
2. Inhibitory Control
3. Passive Avoidance Behavior
4. Fighting Behavior

Slightly increase:
5. Responses to Stimuli
6. Social Approach
7. Errors of Commission

HALLUCINOGENS
(LSD-like)

Greatly increase:
1. Arousal-Excitability
2. Activity Drive
3. Responses to Stimuli

Greatly impair:
4. Inhibitory Control
5. Perception
6. Information Processing

The second model is one that deals with the communication process.

Model 2(C)

THE COMMUNICATIVE MODEL*

Behavior Level	Skills
1. Fact Assessment Behaviors.....	....Observational
2. Grouping and Sorting Behaviors.....	....Form Recognition, Color Recognition, etc.
3. Attending Behaviors.. ⟨ Sight, Sound, Kinesthetic, Taste, Tactile ⟩ ..	....Synthesizing
4. Reality Checking.....	....Generalization
5. Internalized.....	....Intrapersonal
6. Communicative.....	. ⟨ Verbal, Written, Notation, Symbolic, Manipulation

* An exchange of meaningful information between an organism and its environment. The exchange need not take place between human beings. (Giammatteo, Field Paper No. 4, 1967)

When the communicative level is repeatedly blocked a person may require psychotherapy. A child from a culturally different background may lack either a chance to perform at the behavioral level or the skill to assess it while it occurs. Most likely, they will meet blockages at the communicative level. If we believe that gross and continual neglect result in peripheral nervous system damage then we can rest assured the child's perceptual ability will not permit him to flow through this model sequentially.

Indeed, he may jump from Level 1 to Level 6 so often as to appear compulsive. However, we must keep in mind this child may lack the normal reinforcement supplied to the middle-class child which satisfies the communicative level after each of the Levels 2 through 5 in Model 2.

A sensory stimulus is prerequisite to enactment of Behavioral Level 1. These may be auditory, sight, vision, gustatory, tactile, olfactory, etc. Any damage to the child's perceptual discrimination skills hinders the use of the sensory stimuli. Poor diets, restricted environmental conditions, and so on do deprive a child of the use of his peripheral nervous system as a guide to selection and use of sensory input modes.

When an organism is centered upon a certain sense area, the sensory stimuli from that area become figure-ground. A middle-class child often can change his sensory input and proceed through Model 2, whereas a culturally different child in his interactions with the mainstream culture often uses only auditory and verbal modes. He is often denied use of the items that support his reality check level; namely, manipulation, tactile or kinesthetic behaviors which are not accepted by other cultures as primary behaviors.

Since figure-ground organization is a learned process you can go through materials similar to our older readiness concepts. Figure-ground is the perceptual ability of the individual to center on one sensory stimulus and delegate the other stimuli to the background.

In summary, Model 2 depicts a flow of processes that normally occur in sequential by invariant rates. Children who have a perceptual deficit because of poor medical health are deprived both upon intake at Level 1

and communications at Level 6. Repeated blockage at any level or too rapid flow through the process may create behavioral problems. Children from middle-class families are more likely to use many sensory inputs and will be able to use a number of them simultaneously. Further, their communicative processes will be closer to the expectancies of their teachers or adult listening groups. (Giammatteo, 1967.) However, when two or more types of information are delivered to the brain simultaneously a breakdown in neurological processes occur. A child from a deprived medical, social and psychological background may manifest such behaviors as confusion, poor recall, random movements, disturbed attention or fight behaviors. Clarification of the possibility that such breakdowns in the processes occur as a result of a given type of "neurological overloading" would have important implications for medical and educational management. (Myklebust, 1964.)

The third model is one in which brain damage is the central focus which triggers sequential problems.

Model 3

STAGE 1 - DIAGNOSED BRAIN DAMAGE

The brain damage often is not diagnosed until after Stage 4 or 5.

STAGE 2 - ENVIRONMENTAL EXPERIMENTATION

All children must explore and experiment with their environment. Keep in mind the original biological deficit may cause the explorations of this child to be unique and probably misunderstood by significant others in his early environment.

STAGE 3 - NEGATIVE FEEDBACK

Verbal, physical and other types of negative feedback are provided to the child by the early significant others in his restricted environment. Invariably, the child builds a high resentment to any explorative behavior.

Indeed, this child who needs more brain stimulation via one sensory input at a time is probably granted a very restricted background. Parents stop taking out this type of child and eventually create the setting for Stage 4. Often the culturally different child is not as cruelly treated because of concomitant conditions.

STAGE 4 - FAULTY EGO DEVELOPMENT

Now the child knows he can't make it. We have told him for seven years--by action and by words. He now lives his expected role.

STAGE 5 - RECYCLE PROBLEMS

Here the child meets a broader society--school, church and other neighborhood children--and gets negative society feedback. Now he knows he can't make it in his home environment or his expanded environment. Where does he turn?

This third model is one that cuts across deprived and enriched cultural backgrounds. It is one most often noticed in the early grades at a time when the original cause is so clouded with second level reinforcements nothing less than a one-to-one relationship will work. Poor ego development here is a result of true biological deficiencies but need not occur if remediation at the crucial time is afforded. Perhaps this is where the medical man can help the team. Here the task for our Parent-Child group would be to insist on a complex battery of tests prior to entrance, not as a screening device but as a diagnostic device because persons with dysfunctions in the brain often respond selectively to each type of sensory avenue the child finds most easily facilitating his movement through Model 2.

Your point of view about what happens in the learning situation also affects your behavior around youth. These three approaches create your "educational" bias:

Behavioral Modification Approach: This rigs experiences so a person has a chance to alter his behavior. The "tests" here are concrete performances in crete social situations.

Psychopedagogical Approval: The psychotherapist or teacher is the dominant figure and the predominant influence is the content or the curriculum. The growth of each individual comes with the encounter of the content.

Social Competence Approach: Aims at environmental change (sociological) and human change (educational) by locating incompetence in either. The second function is to train or educate the person and/or modify the environment until a balance is obtained between social requirements and social skill.

To add support to the notion that a major target group would be parents in the home setting, the following studies are noted:

> Strodtbeck (1958) found family interaction patterns to be associated with certain personality characteristics of the child which are in turn linked with academic performance. These included the level of achievement motivation, achievement values and the belief in one's ability to have some mastery over the world. Lavin (1965) reviewed studies which showed that high achieving males had "happier, more secure relations with the father," and low achieving boys had poor relations with their fathers (little warmth in the relationship with the child fearful of the father). Another study, (Tibbetts, 1955) showed high achievers and their parents, in contrast to low achievers and their parents, to be more satisfied with family relations; boys had greater motivation to please their parents and more often described them as thoughtful, understanding and interested in them. Fleigler (1957) found four home patterns prominent among gifted, low-achieveing children: (1) a neutral or uninterested view of education by the parents; (2) overanxious, oversolicitious, easy-going or inconsistent parental behavior; (3) lukewarm, indifferent

parents; and (4) a lack of cooperative spirit in the family. He suggested that these family patterns lead to a distrust in people, a negative attitude toward the learning situation and a lowered level of aspiration. The recent and extensive study conducted under Coleman's direction (1967) showed that none of the school characteristic variables involved were as strongly related to achievement as were home background conditions.

Thus, it seems clear that family life is an important factor in school achievement. Lavin concluded his review as follows: "The general picture that seems to emerge is that the student who does well in school comes from a family with a relatively small number of children, the parents exhibit warmth and interest, where the child has a relatively high degree of power in decision making and where the family is able to arrive with relative ease at consensus regarding important values and decisions."

That intervention focusing on parents can be effective in modifying intrapersonal and interpersonal conditions relative to academic performance has been demonstrated in the extensive work of Brookover and his associates (1964, 1966). More recently, Della-Piana (1966) reported on a parent training undertaking which had effects on oral reading gains. Levenstein and Sunley (1967) found that mothers of low SES and low verbal intelligence were effective intervention agents in raising the verbal intelligence of two year old children.

In his review, referred to above, Della-Piana cited several studies which showed parent training programs to have positive effects on reading achievement (Lipchik, 1964; Studholme, 1964; Regal, 1964; Brzeinski, 1964; McManus, 1964).

How much control over your life would you have if you were reared in a ghetto? In a Negro ghetto? Several groups of people or institutions have been "blamed" for the plight of the Negro, but each of these has denied responsibility for the problem. Here are some typical charges and denials:

CHARGED WITH RESPONSIBILITY	DENIALS
Schools: They do not provide adequate education for urban Negroes.	Slum children are delinquent, hard to teach. Can't find teachers willing to teach in the ghetto.
Employers: They do not give Negroes top-level responsibilities, jobs with high salaries.	High-paying jobs require extensive formal education. Negroes usually do not have college degrees.
Housing Authorities: They do not allow Negroes to live in decent suburban housing. In the city, landlords fail to keep decent comfortable apartments.	Negroes don't earn enough money to buy houses in the suburbs, nor can they afford higher rents for nicer apartments. Slum housing is expensive because insurance rates are very high.
Banks: They do not extend credit to Negroes to start businesses or buy property.	We can't extend credit to people who have no education, a high delinquency rate, poor home life.
Police and Courts: They tend to pick up Negro suspects more often, giving them permanent arrest records. Negroes also cannot afford good lawyers.	Negroes tend to commit more crimes, so naturally we suspect them. They are given fair trials, often with counsel provided by the state.
Merchants: Prices are usually higher in the slums than elsewhere.	If the local people don't want to pay my prices, they should go elsewhere to buy.

Rather than attributing responsibility to any single group, we find it more useful to describe a network of social responsibility. The Laboratory hopes to facilitate more realistic relationships between agencies that comprise this network.

MEASURING THE COLOR LINE

The comparative position of nonwhites in the United States can be expressed numerically in many ways.

The differences between white and nonwhite in the United States today can be assessed by the study of statistics from many different sources, including the Bureau of Census, the U. S. Department of Labor and the work of scholars. Here is a representative set of statistical tables that measure the economic and educational differences between white and nonwhite.

I. Unemployment

Unemployment Rate of the Civilian Labor Force, by Color: Annual Averages, 1957-64 (In Percentages of Total Work Force)

Unemployment Rate	1957	1958	1959	1960	1961	1962	1963	1964
White	3.9	6.1	4.9	5.0	6.0	4.9	5.1	4.6
Nonwhite	8.0	12.6	10.7	10.2	12.5	11.0	10.9	9.8
Radio of nonwhite to white	2.05	2.07	2.18	2.04	2.08	2.24	2.14	2.13

Source: Bureau of Labor Statistics, U. S. Department of Labor

II. Education Edpenditures

Comparison of White, Integrated, and Negro Schools in Chicago: 1962

Indices of Comparison	Type of School		
	White	Integrated	Negro
Total appropriation per pupil	$342.00	$320.00	$269.00
Annual teachers' salary per pupil	256.00	231.00	220.00
Percent uncertified teachers	12%	23%	49%
No. of pupils per classroom	30.95	34.95	46.80
Library resource books per pupil	5.0	3.5	2.5
Expenditures per pupil other than teachers' salaries	86.00	90.00	49.00

Adapted from a table in the U. S. Commission on Civil Rights report, Public Schools, Negro and White (Washington, D. C., 1962)

III. Education and Income

a. White and Nonwhite Median Family Income by Educational Level, 1960; U.S.A.

Amount of Education in Years of School Completed	White	Nonwhite
Elementary School		
less than 8 years	$3,656	$2,294
8 years	4,911	3,338
High School		
1-3 years	5,882	3,449
4 years	6,370	4,559
College		
1-3 years	7,344	5,525
4 or more years	9,315	7,875

Quoted from St. Clair Drake, "Social and Economic Status," Daedalus, Fall, 1965

b. Education and Lifetime Earnings - White Men vs. Nonwhite Men

	White	Nonwhite	Nonwhite as Percent of White
Elementary School			
less than 8 years	$157,000	$ 95,000	61%
8 years	191,000	123,000	64%
High School			
1-3 years	221,000	132,000	60%
4 years	253,000	151,000	60%
College			
1-3 years	301,000	162,000	54%
4 years	395,000	185,000	47%
5 years or more	466,000	246,000	53%

Earnings for men aged 18 to 64, based on 1960 census figures. U. S. Senate, 88th Congress, 1st Session, Hearings before the Committee on Labor Public Welfare on bills relating to equal employment opportunities, July and August, 1963.

IV. Income, Education and Jobs

Median Income and Median Years of School Completed, Total Population and Nonwhite, by Occupation, 1959

	Median Income		Median Years of School Completed	
Occupation	Nonwhite	Total	Nonwhite	Total
Bakers	$3,354	$4,633	8.9	9.2
Carpenters	2,320	4,271	8.1	9.3

Occupation	Nonwhite	Total	Nonwhite	Total
Welders and flame cutters	4,454	5,116	9.6	9.7
Elevator operators	3,122	3,487	8.7	8.6
Automobile mechanics	3,173	4,372	8.9	9.9
Tinsmiths, coppersmiths and sheet metal workers	4,710	5,542	11.1	10.8

Quoted from Rashi Fein, "Economic and Social Profile," Daedalus, Fall, 1965

V. Differences Among Nonwhites in Areas of U. S.

Range of Values for Nonwhites in Census Divisions, and U. S. Median for Whites

	Nonwhite		White
	In "Poorest" Division	In "Best" Division	U.S.
Infant mortality per 1,000 live births	46.9 (ESC)	30.7 (P)	22.3
Median school years completed (1960)	6.7 (ESC)	10.3 (P)	10.9
Percent college graduates of males (25-29) (1960)	3.6 (ESC)	9.2 (P)	15.6
Percent housing sound with all plumbing (1960)	23.1 (ESC)	70.9 (P)	79.7
Percent housing with more than one person per room (1960)	46.0 (M)	18.2 (NE)	9.8
Family income (1963)	$2,520 (S)	$5,417 (W)	$6,548
Percent families with income under $3,000 (1963)	58.4 (S)	19.8 (W)	15.9

Using Statistics to Draw Conclusions:

1. Refer to Table 1: Do you find any consistent trend or difference in the unemployment rates of whites compared to nonwhites between 1957 and 1964? If so, describe the direction and magnitude of the trend.

2. Using only the data in Table 2, decide whether a white, integrated, or Negro school would give the "best" education in Chicago in 1962. Give reasons for your choice.

3. Refer to Tables 3a and 3b to evaluate the following claim: "If Negroes have as much education as whites, Negroes can make as much money as whites." In what ways do the statistics support or refute this claim?

4. Refer to Table 4 to evaluate the following claims: (a) "If a Negro and a white have the same kind of job, they will earn the same amount of

money." (b) "In any given job, the white person probably has more education than the nonwhite." In what ways do the statistics support or refute these claims?

5. Refer to Table 5 and decide whether, in general, you think whites or nonwhites are "better off" in the United States. Cite specific statistics to support your view. Decide also whether the "worse off" people tend to be located in any particular part of the country.

6. Your silent reactions as a reader should give you some insights about your biases.

Rather than include exhaustive tables of current and local needs data here, a few selected bits of information are noted: (Bureau of Labor, 1967)

> The two least postponable among the essential needs to be covered by the women's income in the target groups, whether derived from wages or salaries or from other sources, are food and housing.
>
> The median monthly expenditure for food, according to the information furnished by the women, was $110.92. We may recall, in this connection, that the average number of children in the household headed by a Portland Negro women was 4.5.
>
> It is interesting to note that in 1960-61, the annual amount expended on food by a one-parent family of five persons in the west was $1,354 (Consumer Expenditures, 1960).
>
> The annual amount based on our median figures for 1966 was $1,331. Apart from the fact that the food price index between 1960-61 and 1966 rose by more than 12 percentage points, it should be remembered that the earlier figure refers to the total western region, and all families, regardless of income and race, consisting of five (and not, as in our case, 5.5) persons.
>
> The detailed breakdown of food expenditures as reported by the women included in the study is as follows:

Amount Spent on Food	Percent of Women Reporting
Under $50	10
$50 - $74	14
$75 - $99	16
$100 - $124	16
$125 - $149	8
$150 - $174	20
$175 or more	10
No information	6

Expenditure for shelter related in about 8 out of 10 to rented dwellings. Of those women who were not living in rented accomodations, 22 percent had paid-up homes; the rest were paying toward home ownership in amounts ranging from $75 - $99.

Those in local target rented dwellings paid a monthly median amount of $64.42 .

The ratio of rent to food expenditure of 1:1.7 does not seem out-of-line, especially in view of the large-sized families to be fed. It is the fact that the very same large-sized families are housed for less than $65 per month on the average which gives some indication of the general condition of those rented habitations.

(A report, "Portland's Residential Areas," prepared by the Portland City Planning Commission, Community Renewal Program, October 1965, describes Albina as one of the areas with 30 percent or more substandard housing; a graphic presentation of the area in the same report shows extensive sections as containing 50 percent or more substandard housing. The report explains that, "for purposes of obtaining a general gauge to the amount of Portland's housing stock that is not safe, sanitary or sound, all housing that was judged by the 1960 census as being either deteriorating, dilapidated or sound but lacking some or all of the basic plumbing facilities was considered to be substandard.")

Monthly expenditure for rented housing showed this pattern:

Amount of Rent	Percent
Under $50	20.0
$50 - $74	52.5
$75 - $99	25.0
$100 - $124	2.5

Living Patterns: Here is the order in which the "hardest bills to pay" were listed by 50 target-group mothers.

Expenditure Item	Percent of Women Listing Each Item
Clothing	42
Food	32
Doctor, hospital, medicine	32
Appliances, furniture	30
Rent or house payments	20
Car and car repair	12
Insurance	12
Child care	2
Others (including repayment of credit unions and finance companies, utilities and repair bills)	10

Evaluating both the frequency with which the various items were mentioned and the priorities assigned to them, the order of rank appears as follows when the target group was asked this question:

"Suppose your monthly income would increase by $50, what are the three most needed things you would use that extra money for?"

1	Clothing
2	Repayment of loans and payment of bills
3	Food
4	Furniture, home furnishings, appliances
5	Medical bills, drugs and medicines
6	"Other" items
7	Household repairs
8	General housekeeping expenditures
9	Car and car maintenance

Considerations in target group assessment do create problems. Among the areas not noted in current data available but perhaps worthy of consideration would be such a listing as follows:

1. Degree of arousal-excitability
2. Under or over activity
3. Biosocial drives
4. Affective state
5. Pattern or interactional response
6. Dynamic factors underlying any depressed mood
7. Sleep problems
8. Problems with information processing
9. Problems of inhibitory control
10. Problems of drug dependence
11. Disruptive medical problems
12. Subjective state desired
13. Need for environmental control
14. Past drug history with doses taken

15. Need for occupational skills

16. Educational levels obtained

17. Financial needs

18. Housing needs

19. Other (e.g., food, etc.)

Various types and kinds of need would require different members of the Parent-Child Services team. The illustrative attempt at listing assessment concerns clearly points up the need for many skilled people aiding in the assessment portions of our work.

In closing, the main point is despite our professional training or our understanding of the problems a complex approach demands continual assessment of what research says to us.

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